[ATTORNEY'S NAME] or DOC heading SPECIAL ASSISTANT ATTORNEY GENERAL MONTANA DEPARTMENT OF CORRECTIONS 1539 Eleventh Avenue Post Office Box 201301 Helena, MT 59620-1301 (406) 444-3905 - Telephone (406) 444-1494 - Facsimile [attorney's email address]

ATTORNEY FOR THE STATE

MONTANA [district #] JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF:	CAUSE NO. [cause #]
[name of youth], A YOUTH	ACKNOWLEDGMENT & RECEIPT OF SERVICE BY MAIL

I declare that I accepted service by First Class U.S. Mail of a copy of an Income Withholding Order pertaining to [parent's name] dated [date of order], in the above-captioned matter.

DATED this [date] day of [month], 20[year]

Printed Name:	
[EMPLOYER'S NAME]	